

Attorney's Docket No.: 10559-596001 / P12880

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

William R. Wheeler et al. Applicant:

Art Unit : 2812

Serial No.:

09/941,158

Examiner: Stacy Whitmore

Filed

: August 28, 2001

Title

: MODEL-BASED LOGIC DESIGN

**Commissioner for Patents** 

P.O. Box 1450

Alexandria, VA 22313-1450

## PETITION TO WITHDRAW

Applicant hereby petitions under §1.313(c)(2) for the withdrawal of this application from issue to permit consideration of an Amendment filed in a continuing application. The issue fee was paid on July 7, 2004.

A request for continued examination of this application under §1.114 is being filed simultaneously herewith. The request for continued examination is intended to continue this application on the grant of this petition.

Enclosed is a check for \$130 in payment of the petition fee required by 1.17(i). Please apply any other charges or credits to Deposit Account No. 06-1050.

Respectfully submitted,

Fish & Richardson P.C.

225 Franklin Street Boston, MA 02110-2804

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Kenneth F. Kozik Reg. No. 36,572

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CERTIFICATE OF MAILING BY FIRST CLASS MAIL I hereby certify under 37 CFR §1.8(a) that this correspondence is being deposited with the United States Postal Service as first class mail with sufficient postage on the date indicated below and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Date of Deposit

Signature

Typed or Printed Name of Person Signing Certificate

## UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

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REQUEST FOR PATENT FEE REFUND						
1 Date of Request: 6/7/05 2 Serial/Patent # 09/94/,/58						
3 Please refund the following fee(s):		4 PAI	PER MBER	5 DATE FILED	6 AMOUNT	
	Filing				\$	
	Amendment				\$	
	Extension of Time				\$	
/	Notice of Appeal/Appeal				\$	
	Petition			7/28/04	\$ 130	
	Issue				\$	
·	Cert of Correction/Terminal Disc.				\$	
	Maintenance				\$	
	Assignment				\$	
	Other				\$	
			7 TOTAL AMOUNT OF REFUND		\$ 130	
		8 TC	8 TO BE REFUNDED BY:			
10 REASON:			Treasury Check			
	Overpayment	X	c	redit Dep	osit A/C #:	
	Duplicate Payment		9 0	6 1	050	
	No Fee Due (Explanation):					
11 REFUND REQUESTED BY:						
TYPED/PRINTED NAME: WAN LAYMON TITLE: Pet. Som						
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Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

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